



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: SCOTT COUNTY MEMORIAL HOSPITAL

City of Hospital: Scottsburg

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Kelly Ledbetter

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Medicare Provider Number: 15-1334

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$11955000
Outpatient Patient Service Revenue	\$53358000
Total Gross Patient Service Revenue	\$65313000

2. Deductions From Revenue

Contractual Allowance	\$41628000
Other Deductions	\$0
Total Deductions	\$41628000

3. Total Operating Revenue

Net Patient Service Revenue	\$23685000
Other Operating Revenue	\$664000
Total Operating Revenue	\$24349000

4. Operating Expenses

Salaries and Wages	\$8556000	Employee Benefits	\$2158000
Depreciation and Amortization	\$749000	Interest Expense	\$326000
Bad Debt	\$3920000	Other Expenses	\$9887000
Total Operating Expenses	\$25596000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1247000	Total Assets	\$13778284
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$3789961

Total Net Gains	\$-1247000
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$21525000	\$15627000	\$5898000
Medicaid	\$1115000	\$545000	\$570000
Other Government	\$295000	\$235000	\$60000
Other State	\$0	\$0	\$0
Other Payers	\$42378000	\$25221000	\$17157000
Total	\$65313000	\$41628000	\$23685000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$996,000		
Subtotal	\$996000	\$0	\$996000
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$996000	\$0	\$996000

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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